

WSGR Wilson Sonsini Goodrich & Rosati
PROFESSIONAL CORPORATION

RECEIVED
CENTRAL FAX CENTER

SEP 16 2005

Date: September 16, 2005

To: Commissioner for Patents/Attention Art Unit 3700

Fax: (571) 273--8300

Company: US Patent & Trademark Office

Phone:

☒ Use this fax
number only

☐ Notify recipient
before sending

From: Cecily Anne O'Regan

Phone: (650) 845-5074

Return Fax: (650) 493-1611

Original: ☐ To follow via mail ☐ To follow via courier ☐ To follow via email ☒ Original will not follow

Fax Contains: 26 pages (including this sheet). If incomplete, call (650) 845-5074.

Message:

PLEASE DELIVER THE ATTACHED OFFICIAL AMENDMENT UNDER 37 C.F.R. §1.111 TO EXAMINER MICHAEL ARAJ,
ART UNIT 3732 FOR APPLICATION NO. 10/615,417, FILED JULY 8, 2003.

Ref: 29914-703.201

Return Original to: Donna Hengst

Location: FH1/2

RECEIVED
OIPE/IAP
SEP 19 2005

650 Page Mill Road, Palo Alto, CA 94304-1050 • 650.493.9300 Tel • 650.493.6811 Fax • www.wsgr.com

This fax may contain confidential and privileged material for the sole use of the intended recipient. Any review or distribution by others is strictly prohibited.
If you are not the intended recipient please contact the sender and destroy all copies.

Entire Transmission Copyright © 2003 Wilson Sonsini Goodrich & Rosati. All Rights Reserved.

PAGE 1/26 * RCVD AT 9/16/2005 2:30:36 PM [Eastern Daylight Time] * SVR:USPTO-EFAXF-6/27 * DNIS:2738300 * CSID:650 493 6811 * DURATION (mm-ss):07-16

SEP 16 2005

PTO/SB/21 (09-04)


Approved for use through 07/31/2006. OMB 0651-0031

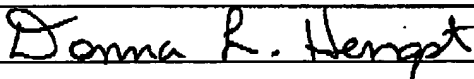
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/615,417
		Filing Date	July 8, 2003
		First Named Inventor	David Stinson, et al.
		Art Unit	3732
		Examiner Name	Michael J. Araj
Total Number of Pages in This Submission	25	Attorney Docket Number	29914-703.201

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT			
Firm Name	WILSON SONSINI GOODRICH & ROSATI		
Signature			
Printed Name	Cecily Anne O'Regan		
Date	September 16, 2005	Reg. No.	37,448

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: M/S Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature			
Typed or printed name	Donna L. Hengst	Date	September 16, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.


Sep.16. 2005 11:35AM

WILSON SONSINI

SEP 16 2005

No.1773 P. 3/26_{2-04v2}Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL for FY 2005		Complete if Known																																																											
<input checked="" type="checkbox"/> applicant claims small entity status. See 37 CFR 1.27.		Application Number	10/615,417																																																										
TOTAL AMOUNT OF PAYMENT (\$1,150.00)		Filing Date	July 8, 2003																																																										
		First Named Inventor	David Stinson et al.																																																										
		Examiner Name	Michael J. Araj																																																										
		Art Unit	3732																																																										
		Attorney Docket No.	29914-703.201																																																										
METHOD OF PAYMENT (check all that apply)																																																													
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____																																																													
<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: <u>23-2415</u> Deposit Account Name: <u>Wilson Sonsini Goodrich & Rosati</u>																																																													
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)																																																													
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee																																																													
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayment																																																													
FEE CALCULATION																																																													
1. BASIC FILING, SEARCH, AND EXAMINATION FEES																																																													
<table border="1" style="width:100%"><thead><tr><th rowspan="2">Application Type</th><th colspan="2">FILING FEES</th><th colspan="2">SEARCH FEES</th><th colspan="2">EXAMINATION FEES</th><th rowspan="2">Fees Paid (\$)</th></tr><tr><th>Fee (\$)</th><th>Small Entity Fee (\$)</th><th>Fee (\$)</th><th>Small Entity Fee (\$)</th><th>Fee (\$)</th><th>Small Entity Fee (\$)</th></tr></thead><tbody><tr><td>Utility</td><td>300</td><td>150</td><td>500</td><td>250</td><td>200</td><td>100</td><td>\$0</td></tr><tr><td>Design</td><td>200</td><td>100</td><td>100</td><td>50</td><td>130</td><td>65</td><td></td></tr><tr><td>Plant</td><td>200</td><td>100</td><td>300</td><td>150</td><td>160</td><td>80</td><td></td></tr><tr><td>Reissue</td><td>300</td><td>150</td><td>500</td><td>250</td><td>600</td><td>300</td><td></td></tr><tr><td>Provisional</td><td>200</td><td>100</td><td>0</td><td>0</td><td>0</td><td>0</td><td></td></tr></tbody></table>								Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Utility	300	150	500	250	200	100	\$0	Design	200	100	100	50	130	65		Plant	200	100	300	150	160	80		Reissue	300	150	500	250	600	300		Provisional	200	100	0	0	0	0	
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)																																																						
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)																																																							
Utility	300	150	500	250	200	100	\$0																																																						
Design	200	100	100	50	130	65																																																							
Plant	200	100	300	150	160	80																																																							
Reissue	300	150	500	250	600	300																																																							
Provisional	200	100	0	0	0	0																																																							
2. EXCESS CLAIM FEES																																																													
<table border="1" style="width:100%"><thead><tr><th>Fee Description</th><th>Fee (\$)</th><th>Small Entity Fee (\$)</th></tr></thead><tbody><tr><td>Each claim over 20 or, for Reissues, each claim over 20 and more than the original patent</td><td>50</td><td>25</td></tr><tr><td>Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent</td><td>200</td><td>100</td></tr><tr><td>Multiple dependent claims</td><td>360</td><td>180</td></tr></tbody></table>								Fee Description	Fee (\$)	Small Entity Fee (\$)	Each claim over 20 or, for Reissues, each claim over 20 and more than the original patent	50	25	Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100	Multiple dependent claims	360	180																																										
Fee Description	Fee (\$)	Small Entity Fee (\$)																																																											
Each claim over 20 or, for Reissues, each claim over 20 and more than the original patent	50	25																																																											
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100																																																											
Multiple dependent claims	360	180																																																											
<table border="1" style="width:100%"><thead><tr><th>Total Claims</th><th>Extra Claims</th><th>Fee (\$)</th><th>Fee Paid (\$)</th></tr></thead><tbody><tr><td>103</td><td>- 77 or HP = 26</td><td>x \$25.00</td><td>= \$650.00</td></tr></tbody></table>								Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	103	- 77 or HP = 26	x \$25.00	= \$650.00																																														
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)																																																										
103	- 77 or HP = 26	x \$25.00	= \$650.00																																																										
HP = highest number of total claims paid for, if greater than 20																																																													
<table border="1" style="width:100%"><thead><tr><th>Indep. Claims</th><th>Extra Claims</th><th>Fee (\$)</th><th>Fee Paid (\$)</th></tr></thead><tbody><tr><td>10</td><td>- 5 or HP = 5</td><td>x \$100.00</td><td>= \$500.00</td></tr></tbody></table>								Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	10	- 5 or HP = 5	x \$100.00	= \$500.00																																														
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)																																																										
10	- 5 or HP = 5	x \$100.00	= \$500.00																																																										
HP = highest number of total claims paid for, if greater than 3																																																													
3. APPLICATION SIZE FEE																																																													
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fractions thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																																																													
<table border="1" style="width:100%"><thead><tr><th>Total Sheets</th><th>Extra Sheets</th><th>Number of each additional 50 or fraction thereof</th><th>Fee (\$)</th><th>Fee Paid (\$)</th></tr></thead><tbody><tr><td>43</td><td>- 100 =</td><td>/ 50 =</td><td>(round up to a whole number) x</td><td>= 0</td></tr></tbody></table>								Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)	43	- 100 =	/ 50 =	(round up to a whole number) x	= 0																																												
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)																																																									
43	- 100 =	/ 50 =	(round up to a whole number) x	= 0																																																									
4. OTHER FEE(S)																																																													
Non-English Specification, \$130 fee (no small entity discount)																																																													
Other: _____ \$0																																																													

SUBMITTED BY		
Signature		Registration No. (Attorney/Agent) 37,448
Name (Print/Type)	Cecily Anne O'Regan	Telephone 650-493-9300
		Date September 16, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

RECEIVED
CENTRAL FAX CENTER

SEP 16 2005

Attorney Docket No. 29914-703.201

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application:

Inventors: David Stinson, *et al.*

Application No.: 10/615,417

Filed: 07/08/2003

Title: PROSTHESIS, TOOLS AND METHODS FOR
REPLACEMENT OF NATURAL FACET
JOINTS WITH ARTIFICIAL FACET JOINT
SURFACES

Confirmation No.: 7968

Examiner: Michael J. Araj

Group Art Unit: 3732

Customer No. 021971

Certificate of Mailing or Transmission
37 CFR §1.8

I hereby certify that this paper is being: ☐ deposited with the U.S. Postal Service with sufficient postage as first class mail and addressed to Commissioner for Patents, P.O. Box 1450, Alexandria VA 22313-1450; or ☒ transmitted by facsimile to the Patent and Trademark Office in accordance with §1.6(d) to facsimile number (571) 273-8300 on September 16, 2005.

Signature

AMENDMENT UNDER 37 C.F.R. §1.111

M/S Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria VA 22313-1450

09/19/2005 HLE333 00000069 232415 10615417

01 FC:2202 650.00 DA

02 FC:2201 500.00 DA

Introductory Comments:

Applicants submit this Amendment in response to the Examiner's Non-Final Office Action mailed August 19, 2005. This Amendment is submitted prior to shortened statutory period for reply, which is set to expire November 19, 2005, therefore no extension fee is required to enter this Amendment.

Prior to reconsidering the application on the merits, please amend the application as follows:

Amendments to the Specification begin on page 2.

Amendments to the Claims begin on page 3.

Applicants Remarks, in view of the Amendments, begin on page 18.